

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update

Annual Plan for Fiscal Year: **FY-2003**

# **WEST GEORGIA CONSORTIUM**

**HOUSING AUTHORITIES OF  
THE CITIES OF:**

**ARLINGTON  
CUTHBERT  
FORT GAINES  
SHELLMAN**

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** West Georgia Consortium

Housing Authority of the City of Cuthbert (GA226) (Lead Agency)  
122 Public Housing Units, PHDEP, Capital Fund Program, Operating Fund

Housing Authority of the City of Arlington (GA111)  
24 Public Housing Units, Capital Fund Program and Operating Fund

Housing Authority of the City of Fort Gaines (GA167)  
24 Public Housing Units, Capital Fund Program, Operating Fund

Housing Authority of the City of Shellman (GA229)  
20 Public Housing Units, Capital Fund Program, Operating Fund

**PHANumber:** Cuthbert (GA226); Arlington (GA111); Fort Gaines (GA167); and Shellman (GA229)

**PHA Fiscal Year Beginning:** (mm/yyyy) FY -01/2003

**PHA Plan Contact Information:**

Name: Walter Mattox

Phone: 229.732.2128

TDD: 229.732.2128

Email (if available): mattoxcha@alltel.net

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA  
☐ PHA development management offices

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ Main administrative office of the local, county or State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☐ Main business office of the PHA  
☐ PHA development management offices  
☐ Other (list below)

### **PHA Programs Administered :**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

**Annual PHA Plan**  
**Fiscal Year 2003**  
 [24 CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<b>Attachments</b>	
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<input type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
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- ☐ Attachment\_\_ : Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Attachment\_ D : Resident Membership on PHA Board or Governing Body
- ☐ Attachment\_ E : Membership of Resident Advisory Board or Boards
- ☐ Attachment\_\_ : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)
- X Attachment F: Final P & E Report for FY -2002 Capital Fund Program

## **ii. Executive Summary**

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The West Georgia Consortium Agreement was submitted as an exhibit in the FY -2002 updated Agency Plan. The FY -2003 Agency Plan update for the West Georgia Consortium will be electronically transmitted to HUD under all of the PHA identification numbers. These include GA226, GA111, GA167, and GA229. This Agency Plan update is a collective plan for the consortium membership in every aspect except that the Capital Fund Program includes exhibits for each individual PHA.

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Community Service requirements are no longer required by the West Georgia Consortium because of changes mandated by HUD. All policies are updated and in place, including the Personnel Policy for the West Georgia Consortium.

### **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$

GA226(Cuthbert) -\$219,509

GA111(Arlington) -\$44,100

GA167(Fort Gaines) -\$

GA229(Shellman) -\$35,744

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

**3.D Emolition and Disposition**

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

N/A to the West Georgia Consortium

1. ☐ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

## 2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

## 4. Voucher Homeownership Program

[24 CFR Part 903.79(k)]

- A. ☐ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

### **5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year \_\_\_\_\_ covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

### **6. Other Information**

[24CFR Part 903.79(r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**



1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- X Other: (list below)

The limited resources of the West Georgia Consortium will be applied effectively and efficiently to the management, maintenance and operation of its public housing programs throughout its jurisdiction. Priority will be given to meeting the housing goals and objectives. Priority will be given to complying with the regulations mandated by HUD.

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- (1) To increase the number of low and moderate income households who have obtained affordable, rental housing which is free of overcrowded and structurally substandard conditions.
- (2) To increase the number of low and moderate income households who have achieved and are maintaining homeownership in housing free of overcrowded and structurally substandard conditions.
- (3) To increase the access of homeless to a continuum of housing and supportive services which address their housing, economic, health and social needs.
- (4) To increase the access of special need population to a continuum of housing and supportive services which address their housing, economic, health and social needs.

### C. Criteria for Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

### **A. Substantial Deviation from the 5-year Plan:**

Substantial Deviation defined by the West Georgia Consortium is any deletion or addition of any modernization work item, addition or deletion of any new or old program or activity, changes with regard to demolition or disposition, designation, home ownership programs or conversion activities, and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements). A significant amendment would be changes in the use of replacement reserves under the Capital Funds Program or the addition of non-emergency work items not included in the current Annual Plan.

### **B. Significant Amendment or Modification to the Annual Plan:**

Annually the plan is updated to show the amount of comprehensive grant funds received for the FY. The amount and the use of these funds are revised each year based on the formula finding from HUD and the physical needs of the properties owned and operated by the West Georgia Consortium. A significant amendment or modification to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority, including but not limited to changes in rent or admissions policies or organization of the waiting list; addition of non-emergency work items over \$100,000 (items not included in the current annual statement or 5-year action plan) or change in use of replacement reserve funds under the Capital Fund; any change with regard to demolition, disposition, designation, home ownership programs, or conversion activities.

## **Attachment A** **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the epublic housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



ATTACHMENT B

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> West Georgia Consortium		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P22650103 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> FY-2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$343,023			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$343,023			
22	Amount of line 21 Related to LBP Activities				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: West Georgia Consortium		Grant Type and Number Capital Fund Program Grant No: GA06P22650103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the City of Cuthbert		Grant Type and Number Capital Fund Program Grant No: GA06P22650103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$219,509			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$219,509			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the City of Cuthbert		Grant Type and Number Capital Fund Program Grant No: GA06P22650103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Arlington		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P11150103 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> FY-2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$44,100			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$44,100			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the City of Arlington		Grant Type and Number Capital Fund Program Grant No: GA06P11150103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003
X Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Fort Gaines		Grant Type and Number Capital Fund Program Grant No: GA06P16750103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$43,670			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$43,670			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Housing Authority of the City of Fort Gaines		Grant Type and Number Capital Fund Program Grant No: GA06P16750103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Housing Authority of the City of Shellman		Grant Type and Number Capital Fund Program Grant No: GA06P22950103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non - CFP Funds				
2	1406 Operations	\$35,744			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$35,744			
22	Amount of line 21 Related to LBP Activities				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Housing Authority of the City of Shellman		Grant Type and Number Capital Fund Program Grant No: GA06P22950103 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>FY-2003</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: West Georgia Consortium			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22650103 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA226Cuthbert	Operations	1406	PHAwide	\$219,509				
GA111Arlington	Operations	1406	PHAwide	\$44,100				
GA167Ft. Gaines	Operations	1406	PHAwide	\$43,670				
GA229Shellman	Operations	1406	PHAwide	\$35,744				
	<b>WEST GEORGIA CONSORTIUM</b>		<b>TOTAL</b>	<b>\$343,023</b>				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: West Georgia Consortium			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22650103 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY-2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA226 Cuthbert	12/31/04			6/30/06			
GA111 Arlington	“			“			
GA167 Fort Gaines	“			“			
GA229 Shellman	“			“			
Consortium Wide	“			“			
				“			

## ATTACHMENT C

**Capital Fund Program Five-Year Action Plan**

## Part I: Summary

PHANameWestGeorgia Consortium				<b>XOriginal5 - YearPlan</b> <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
	Annual Statement				
WestGAConsortium		\$343,023	\$343,023	\$343,023	\$343,023
GA226Cuthbert		\$219,509	\$219,509	\$219,509	\$219,509
GA111Arlington		\$44,100	\$44,100	\$44,100	\$44,100
GA167FortGaines		\$43,670	\$43,670	\$43,670	\$43,670
GA229Shellman		\$35,744	\$35,744	\$35,744	\$35,744
CFPFundsListedfor 5-yearplanning					
ReplacementHousing FactorFunds					

## Capital Fund Program Five - Year Action Plan

**Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: <u>  2  </u> FFY Grant: 2004 PHAFY: 1/1/04			Activities for Year: <u>  3  </u> FFY Grant: 2005 PHAFY: 1/1/05		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement						
	GA226Cuthbert	Parking. @Hend. Homes	\$12,000	GA226Cuthbert	Office Parking, Curbing & Sidewalk Phase II	\$25,000
		Office Parking, curbing & Sidewalk Phase I	\$150,000		Soffit and Fascia Repl. @Hend. Homes	\$26,500
		Operations PHA wide	\$57,509		Rep. Count. Tops PHA wide	\$55,500
					Soffit & Fascia Repl. @ Rand. Homes	\$26,500
					Operations PHA wide	\$86,009
	GA111Arlington	Rep. Windows Phase I	\$7,500	GA111Arlington	Rep. Windows Phase II	\$7,500
		Rep. Int. Doors Phase I	\$7,500		Rep. Int. Doors Phase II	\$7,500
		Operations PHA wide	\$29,100		Operations PHA wide	\$29,100
	GA167FtGaines	Retaining Wall Phase I	\$10,000	GA167FtGaines	Retaining Wall Phase II	\$10,310
		Operations PHA wide	\$33,670		Operations PHA wide	\$33,360
	GA229Shellman	Install Sidewalk Ph I	\$6,500	GA229Shellman	Install Sidewalk Ph II	\$6,500
		Operations PHA wide	\$29,244		Operations PHA wide	\$29,244
Total CFPEstimatedCost			<b>\$343,023</b>			<b>\$343,023</b>

## Capital Fund Program Five - Year Action Plan

**Part II: Supporting Pages — Work Activities**

Activities for Year: <u>3</u> <u>    </u> FFY Grant: 2006 PHAFY: 1/1/06			Activities for Year: <u>4</u> <u>    </u> FFY Grant: 2007 PHAFY: 1/1/07		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
GA226Cuthbert	Street Repair	\$8,000	GA226Cuthbert	Operations	\$219,509
	Repair Maint. Bldg	\$35,509			
	Operations PHA wide	\$176,000			
GA111Arlington	Replace Stoves Phase I	\$6,000	GA111Arlington	Replace Stoves Phase II	\$6,000
	Replace Refrig. Phase II	\$10,840		Replace Refrig. Phase II	\$10,000
	Operations PHA wide	\$27,260		Operations PHA wide	\$28,100
GA167FtGaines	Street Repair	\$8,000	GA167FtGaines	Operations PHA wide	\$43,670
	Replace Refrig.	\$16,000			
	Operations PHA wide	\$19,670			
GA229Shellman	Replace Stoves	\$8,000	GA229Shellman	Operations PHA wide	\$35,744
	Replace Refrig.	\$8,200			
	Operations PHA wide	\$19,544			
Total CFPEstimated Cost		<b>\$343,023</b>			<b>\$343,023</b>

## PHA Public Housing Drug Elimination Program Plan

**Note:** THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

**ALL ACTIVE PHDEP GRANT REPORTS FOR PERIOD ENDED 12/31/2001 HAVE BEEN COMPLETED. FUNDS WERE NOT RECEIVED FOR FY -2002 or FY -2003.**

### Section 1: General Information/History

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

### **G. PHDEP Program History**



Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY						

## **Section 2: PHDEP Plan Goals and Budget**

### **A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

### **B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback/TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

### **C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in

the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$</b>		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators	
1.								
<b>9115 -Special Initiative</b>						<b>Total PHDEP Funding: \$</b>		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators	
1.								
<b>9116 -Gun Buyback TA Match</b>						<b>Total PHDEP Funding: \$</b>		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators	
1.								
<b>9120 -Security Personnel</b>						<b>Total PHDEP Funding: \$</b>		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators	
1.								
<b>9130 – Employment of Investigators</b>						<b>Total PHDEP Funding: \$</b>		

Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							

9140 – Voluntary Tenant Patrol					Total PHEDEP Funding:\$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHDEPFunding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention		TotalPHDEPFunding :\$
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							

**Required Attachment \_\_ D\_\_: Resident Member on the PHA Governing Board**

1. Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Cuthbert – Angie West  
Arlington – Mary Jane King  
Fort Gaines – Annie Howard  
Shellman – Mary Ann Blackmon

B. How was the resident board member selected: (select one)?

☐ Elected  
☒ Appointed

C. The term of appointment is (include the date term expires): 5 year appointment

Cuthbert – 10/01/04  
Arlington – 10/01/05  
Fort Gaines – 10/01/04  
Shellman – 10/01/04

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

B. Date of next term expiration of a governing board member: See Above

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):  
Mayor

**Required Attachment \_\_\_\_\_ E \_\_\_\_\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Cuthbert – Angie West

Arlington – Mary Jane King

Fort Gaines – Annie Howard

Shellman – Mary Ann Blackmon

**ATTACHMENT FINAL PERFORMANCE & EVALUATION REPORT FOR FY -2001**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the City of Cuthbert			Grant Type and Number <b>Capital Fund Program Grant No: GA06P22650101</b> <b>Replacement Housing Factor Grant No:</b>		Federal FY of Grant: FY-2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non - CFP Funds				
2	1406 Operations	\$230,629		\$230,629	\$230,629
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$230,629		\$230,629	\$230,629
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



**ATTACHMENT FF FINAL PERFORMANCE & EVALUATION REPORT FOR FY -2001**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Housing Authority of the City of Arlington			Grant Type and Number <b>Capital Fund Program Grant No: GA06P11150101</b> <b>Replacement Housing Factor Grant No:</b>		Federal FY of Grant: FY-2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>XF</b> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidate d Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$46,336		\$46,336	\$46,336
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 — 20)	\$46,336		\$46,336	\$46,336
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**ATTACHMENT FF FINAL PERFORMANCE & EVALUATION REPORT FOR FY -2001**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Housing Authority of the City of Fort Gaines			Grant Type and Number <b>Capital Fund Program Grant No: GA06P16750101</b> <b>Replacement Housing Factor Grant No:</b>		Federal FY of Grant: FY-2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending : <b>X</b> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non - CFP Funds				
2	1406 Operations	\$45,882		\$45,882	\$45,882
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$45,882		\$45,882	\$45,882
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**ATTACHMENT FINAL PERFORMANCE & EVALUATION REPORT FOR FY -2001**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Housing Authority of the City of Shellman			Grant Type and Number <b>Capital Fund Program Grant No: GA06P22950101</b> <b>Replacement Housing Factor Grant No:</b>		Federal FY of Grant: FY-2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$37,555		\$37,555	\$37,555
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 — 20)	\$37,555		\$37,555	\$37,555
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Cuthbert			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22650101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA226 Cuthbert	Operations	1406		\$230,629		\$230,629	\$230,629	
	<b>TOTAL FOR GA226</b>			<b>\$230,629</b>		<b>\$230,629</b>	<b>\$230,629</b>	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Arlington			<b>Grant Type and Number</b> Capital Fund Program #: GA06P11150101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA111 Arlington	Installed HVAC	1460	24	\$46,336		\$46,336	\$46,336	Completed
	<b>TOTAL FOR GA111</b>			<b>\$46,336</b>		<b>\$46,336</b>	<b>\$46,336</b>	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Fort Gaines			<b>Grant Type and Number</b> Capital Fund Program #: GA06P16750101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA167 Ft Gaines	Operations	1406		\$45,882		\$45,882	\$45,882	
	<b>TOTAL FOR GA167</b>			<b>\$45,882</b>		<b>\$45,882</b>	<b>\$45,882</b>	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Shellman			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22950101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA229 Shellman	Operations	1460		\$37,555		\$37,555	\$37,555	
	<b>TOTAL FOR GA229</b>			<b>\$37,555</b>		<b>\$37,555</b>	<b>\$37,555</b>	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Cuthbert			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22650101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA226 Cuthbert	6/30/01		6/26/01	12/31/02		6/26/01	



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Arlington			<b>Grant Type and Number</b> Capital Fund Program #: GA06P11150101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA111 Arlington	6/30/01		6/26/01	2/28/02	3/31/02	6/20/01	Charged expended to end of qtr as instructed

<b>Annual Statement/Performance and Evaluation Report</b>							
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>							
<b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Fort Gaines			<b>Grant Type and Number</b> Capital Fund Program #: GA06P16750101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA167 Fort Gaines	6/30/01		6/26/01	12/31/02		6/26/01	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Shellman			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22950101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA229 Shellman	6/30/01		6/26/01	12/31/02		6/26/01	

**Final Performance and Evaluation Report for FY -2002****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary****PHA Name:** Housing Authority of the City of Cuthbert**Grant Type and Number**

Capital Fund Program Grant No: GA0 6P22650102

Replacement Housing Factor Grant No:

**Federal FY of Grant:**  
**FY-2002**☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no: )**☐ **Performance and Evaluation Report for Period Ending:** **X** **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non - CFP Funds				
2	1406 Operations	\$61,011		\$61,011	\$61,011
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	\$45,000		\$45,000	\$45,000
9	1450 Site Improvement	\$29,398		\$29,398	\$29,398
10	1460 Dwelling Structures	\$20,000		\$20,000	\$20,000
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	\$64,100		\$64,100	\$64,100
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>\$219,509</b>		<b>\$219,509</b>	<b>\$219,509</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Final Performance and Evaluation Report for FY -2002****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Housing Authority of the City of Arlington		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P11150102 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> FY-2002	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <b>X</b> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$6,336		\$6,336	\$6,336
10	1460 Dwelling Structures	\$37,764		\$37,764	\$37,764
11	1465.1 Dwelling Equipment —Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 –20)	<b>\$44,100</b>		<b>\$44,100</b>	<b>\$44,100</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security —Soft Costs				
25	Amount of Line 21 Related to Security —Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Final Performance and Evaluation Report for FY -2002****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary****PHA Name:** Housing Authority of the City of Fort Gaines**Grant Type and Number**

Capital Fund Program Grant No: GA06P16750102

Replacement Housing Factor Grant No:

**Federal FY of Grant:**  
**FY-2002**☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no: )**☐ **Performance and Evaluation Report for Period Ending:** **X** **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$17,788		\$17,788	\$17,788
10	1460 Dwelling Structures	\$25,882		\$25,882	\$25,882
11	1465.1 Dwelling Equipment —Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 –20)	<b>\$43,670</b>		<b>\$43,670</b>	<b>\$43,670</b>
22	Amount of line 21 Related to LB P Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security —Soft Costs				
25	Amount of Line 21 Related to Security —Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Final Performance and Evaluation Report for FY -2002****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAName:HousingAuthorityoftheCity ofShellman		GrantTypeandNumber CapitalFundProgramGrantNo:GA06P22950102 ReplacementHousingFactorGrantNo:		FederalFYofGrant: FY-2002	
<div>OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno: )</div> <div><input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: XFinalPerformanceandEvaluationReport</div>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedC ost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$20,000		\$20,000	\$20,000
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	\$15,744		\$15,744	\$15,744
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 –20)	\$35,744		\$35,744	\$35,744
22	Amountofline21RelatedtoLBPActivities				
23	Amountofline21RelatedtoSection504compliance				
24	Amountofline21RelatedtoSecurity –SoftCosts				
25	AmountofLine21RelatedtoS ecurity –HardCosts				
26	Amountofline21RelatedtoEnergyConservationMeasures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Cuthbert			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22650102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA226 Cuthbert	Operations	1406		\$61,011		\$61,011	\$61,011	
	Land Acquisition	1440		\$45,000		\$45,000	\$45,000	Complete
	Landscaping	1450	Proj #4 (all)	\$4,000		\$4,000	\$4,000	Complete
	Street Repair	1450	Proj #4 (all)	\$2,500		\$2,500	\$2,500	Complete
	Landscaping	1450	Proj. #1 (all)	\$22,898		\$22,898	\$22,898	Complete
	Refurbish units upon move -out	1460	Proj #1 (13)	\$14,444		\$14,444	\$14,444	Complete
	Refurbish units upon move -out	1460	Proj #4 (5)	\$5,556		\$5,556	\$5,556	Complete
	Renovation of Office Building	1470	PHA	\$64,100		\$64,100	\$64,100	Complete
	<b>TOTAL FOR GA226</b>			<b>\$219,509</b>		<b>\$219,509</b>	<b>\$219,509</b>	



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Arlington			<b>Grant Type and Number</b> Capital Fund Program #: GA06P11150102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA111 Arlington	Installed speed bumps & repair roads	1450		\$6,336		\$6,336	\$6,336	Completed
	Replaced doors & windows & renovated	1460	5	37,764		\$37,764	\$37,764	Completed
	<b>TOTAL FOR GA111</b>			<b>\$44,100</b>		<b>\$44,100</b>	<b>\$44,100</b>	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Fort Gaines			<b>Grant Type and Number</b> Capital Fund Program #: GA06P16750102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA167 Ft Gaines	Installed sidewalks/parking	1450	4	\$17,788		\$17,788	\$17,788	Completed
	Replaced cabinets & refurbished units	1460	7	\$25,882		\$25,882	\$25,882	Completed
	<b>TOTAL FOR GA167</b>			<b>\$43,670</b>		<b>\$43,670</b>	<b>\$43,670</b>	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Shellman			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22950102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA229 Shellman	Operations	1406		\$20,000		\$20,000	\$20,000	
	Refurbished Units upon Move -out	1460	7	\$15,744		\$15,744	\$15,744	Complete
	<b>TOTAL FOR GA229</b>			<b>\$35,744</b>		<b>\$35,744</b>	<b>\$35,744</b>	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority for the City of Cuthbert			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22650102 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY-2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA226 Cuthbert	12/31/03		7/19/02	6/30/05		7/19/02	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Arlington			<b>Grant Type and Number</b> Capital Fund Program #: GA06P11150102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA111 Arlington	12/31/03		7/19/02	6/30/05		7/19/02	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Fort Gaines			<b>Grant Type and Number</b> Capital Fund Program #: GA06P16750102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA167 Fort Gaines	12/31/03		7/19/02	6/30/05		7/19/02	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Shellman			<b>Grant Type and Number</b> Capital Fund Program #: GA06P22950102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY-2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA229 Shellman	12/31/03		7/19	6/30/05		7/19/02	

**ADDENDUM TO (CUTHBERT) GA -226 FINAL PERFORMANCE & EVALUATION REPORT FOR FY -2002**

Line Item 1440 Site Acquisition in the amount of \$45,000 was used to subsidize the purchase of 0.6583 acres of land and a house to be renovated for use as the office of the West Georgia Consortium. The total purchase price was \$80,000. After renovation of the house for office space, the office and the lot was appraised at \$159,500. An attorney has been requested to prepare a Declaration of Trust for approval by HUD.

The Southwest Georgia Housing Development Corporation purchased the remainder of the parcel of land that totaled 8.3417 acres for future residential development. A plat of the property has been provided to HUD.

**ADDENDUM TO (SHELLMAN) GA -229 FINAL PERFORMANCE & EVALUATION REPORT FOR FY -2002**

Line Item 1440 Site Acquisition in the amount of \$30,000 has been revised to \$0. These funds have been placed into 1406 Operations (\$20,000) and 1460 Dwelling Structures (\$10,000).